

NAME: PC RN Member Home Visit Form (Policy Section 517.21.2)

PURPOSE: To document the PC RN Member home visits with, or on behalf of, a member, ***which are not the required 6 month or annual home visits***. Must be maintained within the member's record. The RN Assessment and Plan of Care must be complete. The procedure code is T1002, Service Unit 15 minutes, and the Service Level is 6 units per month.

1. Document Member's:
 - Last and First Name;
 - Medicaid number;
 - Date of home visit;
 - Start time of the home visit;
 - Stop time of the home visit;
 - Total time of the home visit (in minutes).
2. The reason for home the visit **must be marked**. Billable reasons for the home visit could be one or more of the following:
 - For any needs and/or condition changes of the member.
 - Evaluation due to a change in the POC.
 - Post Hospital Visit.
 - Dual Service meeting.
 - Home visit for incident follow-up.
 - In home training for the personal care services direct care worker that ***is specific*** to the member.
3. Enter the required supportive documentation for the home visit such as:
 - The result of the home visit related to the reason (s) marked.
 - The outcome.
 - Any changes needed made to the POC.
 - The names of those present and their relationship to member.
4. Member/Legal representative must sign and date certifying that the reported information is complete and accurate.
5. RN must sign and date certifying that the reported information is complete and accurate.